Company Tracking Number: 2007-2092

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Commercial Umbrella Declarations Form

Project Name/Number: /2007-2092

Filing at a Glance

Companies: Technology Insurance Company, Inc., Wesco Insurance Company

Product Name: Commercial Umbrella SERFF Tr Num: REGU-125354455 State: Arkansas

Declarations Form

TOI: 17.2 Other Liability - Occurrence Only SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 17.2020 Commercial Umbrella & Co Tr Num: 2007-2092 State Status: Fees verified and

Excess received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: Joanne Sullivan Disposition Date: 11/26/2007

Date Submitted: 11/09/2007 Disposition Status: Approved

Effective Date Requested (New): 11/15/2007 Effective Date (New):

Effective Date Requested (Renewal): 11/15/2007 Effective Date (Renewal):

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: 2007-2092 Domicile Status Comments:

Reference Organization: ISO Reference Number:
Reference Title: Advisory Org. Circular:

Filing Status Changed: 11/26/2007

State Status Changed: 11/26/2007 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Technology Insurance Company, Inc. (TIC) and Wesco Insurance Company, Inc. (WIC) are submitting a Commercial Umbrella Declaration form for their Umbrella program. The Declarations form in this filing will be used for all Commercial Umbrella policies.

Enclosed for your review:

•CUDEC - Commercial Umbrella Declarations

Company Tracking Number: 2007-2092

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Commercial Umbrella Declarations Form

Project Name/Number: /2007-2092

An EFT in the amount of \$50.00 has been initiated to cover your state's filing fees.

We ask that this filing become effective for all policies effective on or after November 15, 2007.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Joanne Sullivan, joannesullivan@ircllc.com

50 Broad Street (212) 571-3989 [Phone]

New York, NY 10004 () -[FAX]

Filing Company Information

Technology Insurance Company, Inc. CoCode: 42376 State of Domicile: New Hampshire

55 Capital Boulevard Group Code: 2538 Company Type: P&C

6th Floor

Rocky Hill, CT 06067 Group Name: State ID Number:

(212) 571-3989 ext. [Phone] FEIN Number: 02-0449082

Wesco Insurance Company CoCode: 25011 State of Domicile: Delaware

55 Capital Boulevard Group Code: 2538 Company Type:
Rocky Hill, CT 06067 Group Name: State ID Number:

(212) 571-3989 ext. [Phone] FEIN Number: 85-0165753

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: AR fee is \$50.00 per filing

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Wesco Insurance Company \$50.00 11/09/2007 16570457

Technology Insurance Company, Inc. \$0.00 11/09/2007

 SERFF Tracking Number:
 REGU-125354455
 State:
 Arkansas

 First Filing Company:
 Technology Insurance Company, Inc., ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2007-2092

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Commercial Umbrella Declarations Form

Project Name/Number: /2007-2092

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	11/26/2007	11/26/2007

Company Tracking Number: 2007-2092

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Commercial Umbrella Declarations Form

Project Name/Number: /2007-2092

Disposition

Disposition Date: 11/26/2007

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: 2007-2092

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Commercial Umbrella Declarations Form

Project Name/Number: /2007-2092

Item TypeItem NameItem StatusPublic AccessSupporting DocumentAuthorization LetterApprovedYes

Form Commercial Umbrella Policy Approved Yes

 SERFF Tracking Number:
 REGU-125354455
 State:
 Arkansas

 First Filing Company:
 Technology Insurance Company, Inc., ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2007-2092

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Commercial Umbrella Declarations Form

Project Name/Number: /2007-2092

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Commercial	CUDEC	0106	Declaration New		0.00	TIC
	Umbrella Policy			s/Schedule			Umbrella
							Dec.pdf
							WIC
							Umbrella
							Dec.pdf



COMMERCIAL UMBRELLA POLICY

Policy Number	Policy Period	From	То
	1	2:01A.M. Standard Ti	me at the Named Insured's Address
Transaction			
Named Insured and Address	Agent		
	Telephone:		
Business Description	Form of Business	S Aud	lit Period (if applicable)
IN RETURN FOR THE PAYMENT OF POLICY, WE AGREE WITH YOU TO PROV			
	LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	•		
(LIABILITY COVERAGE) PERSONAL & ADVERTISING INJURY LIN	\$ filT \$ Any	one person	or
TEROGRAE & ADVERTIGING INCORT EM		anization	OI .
AGGREGATE LIMIT (LIABILITY COVERA			
"covered autos") SELF-INSURED RETENTION	\$ \$		
OLLI -INGONED NETENTION	\$		
	Sub-total Premium	\$	
	STATE TAX OR OTHER (if applicable)	le) \$	
	TOTAL PREMIUM (SUBJECT TO A	JDIT) \$	
	_ Subject to Audit		
	Not Subject to Audit		
PREMIUM SHOWN IS PAYABLE:	AT INCEPTION	\$	
	ENDORSEMENTS		
ENDORSEMENTS ATTACHED TO THIS P	OLICY:		

CUDEC 0106 Page 1 of 2

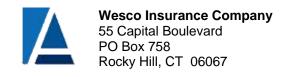
Policy Number:

Named Insured:

1. SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability Company:			
Policy Number:			
Policy Period:			
Minimum Applicable Limits			
Bodily injury by accident	\$		Each Accident
Bodily injury by disease	\$		Each Employee
Bodily injury by disease	\$		Policy Limit
	or \$		Each Accident/Occurrence
Commercial General Liability		□ Occurrence	☐ Claims-Made
Company:			
Policy Number:			
Policy Period:			
Minimum Applicable Limits General Aggregate	¢		
Products-Completed Operation Aggregate	\$ tions \$		
Personal And Advertising Ir	njury \$		
Each Occurrence	\$		
Commercial Auto Liability			
Company:			
Policy Number:			
Policy Period:			
Minimum Applicable Limits	O.1 TI		
Garage Aggregate Limit For Autos (if applicable)	r Other Than \$		
Each Accident	\$		
	•		
THESE DECLARATIONS TOGETHE	ER WITH THE COMMO	N POLICY CONDI	TIONS AND COVERAGE FORM(S) AND
ANY ENDORSEMENT(S), COMPLET	TE THE ABOVE NUMB	ERED POLICY.	(e),(e)
		,	BW
Countersigned this	day of ,	,	/
	day Oi ,		Authorized Representative

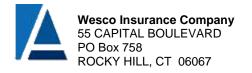
CUDEC 0106 Page 2 of 2



COMMERCIAL UMBRELLA POLICY

Policy Number	Policy Period	From	То
	1	2:01A.M. Standard Ti	me at the Named Insured's Address
Transaction			
Named Insured and Address	Agent		
	Telephone:		
Business Description	Form of Business	S Aud	lit Period (if applicable)
IN RETURN FOR THE PAYMENT OF POLICY, WE AGREE WITH YOU TO PROV			
	LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	•		
(LIABILITY COVERAGE) PERSONAL & ADVERTISING INJURY LIN	\$ filT \$ Any	one person	or
TEROGRAE & ADVERTIGING INCORT EM		anization	OI .
AGGREGATE LIMIT (LIABILITY COVERA			
"covered autos") SELF-INSURED RETENTION	\$ \$		
OLLI -INGONED NETENTION	\$		
	Sub-total Premium	\$	
	STATE TAX OR OTHER (if applicable)	le) \$	
	TOTAL PREMIUM (SUBJECT TO A	JDIT) \$	
	_ Subject to Audit		
	Not Subject to Audit		
PREMIUM SHOWN IS PAYABLE:	AT INCEPTION	\$	
	ENDORSEMENTS		
ENDORSEMENTS ATTACHED TO THIS P	OLICY:		

CUDEC 0106 Page 1 of 2



Named Insured:

1	SCHEDU	II F OI	E LINDER	I VING	INSUR	ANCE
и.	SCHEDU		I DINDEN		1113017	AIVCL

Employers' Liability			
Company:			
Policy Number:			
Policy Period:			
Minimum Applicable Limits			
Bodily injury by accident	\$		Each Accident
Bodily injury by disease	\$		Each Employee
Bodily injury by disease	\$		Policy Limit
	or \$		Each
			Accident/Occurrence
Commercial General Liability		□ Occurrence	☐ Claims-Made
Company: Policy Number:			
Policy Period:			
Minimum Applicable Limits			
General Aggregate	\$		
Products-Completed Operations	\$		
Aggregate	•		
Personal And Advertising Injury	\$		
Each Occurrence	\$		
Commercial Auto Liability			
Company:			
Policy Number:			
Policy Period:			
Minimum Applicable Limits			
Garage Aggregate Limit For Other Than			
Autos (if applicable)	\$		
Each Accident	\$		
THESE DECLARATIONS, TOGETHER WITH THE ANY ENDORSEMENT(S), COMPLETE THE ABOV	E COMM	ON POLICY CONDIT	IONS AND COVERAGE FORM(S) AND
7.1.1. <u></u>			
			j
		,	N1 /
		/	36
Countersigned this day of	,	′.	/
au, J	,		Authorized Representative

CUDEC 0106 Page 2 of 2

 SERFF Tracking Number:
 REGU-125354455
 State:
 Arkansas

 First Filing Company:
 Technology Insurance Company, Inc., ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2007-2092

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Commercial Umbrella Declarations Form

Project Name/Number: /2007-2092

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 2007-2092

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2020 Commercial Umbrella & Excess

Product Name: Commercial Umbrella Declarations Form

Project Name/Number: /2007-2092

Supporting Document Schedules

Review Status:

Satisfied -Name: Authorization Letter Approved 11/26/2007

Comments:
Attachments:
FA Letter TIC.pdf
FA Letter WIC.pdf



An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Technology Insurance Company**, **Inc**. This authorization extends to all correspondence regarding this filing.

Christopher Zentner	10/11/07
Name	Date
Vice President, Compliance Title	
Technology Insurance Company, Inc.	
Signature Signature	646-458-7922 Telephone #

Re: Technology Insurance Company, Inc.
NAIC #: 2538-42376 FEIN #: 02-0449082
Commercial Umbrella Declarations Form Filing



Wesco Insurance Company

An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Wesco Insurance Company**. This authorization extends to all correspondence regarding this filing.

Christopher Zentner	10/1/07
Name	Date
<u>Vice President, Compliance</u> Title	
Wesco Insurance Company Company	
the state of the s	646-458-7922
Signature /	Telephone #

Re: Wesco Insurance Company, Inc.
NAIC #: 2538-25011 FEIN #: 85-0165753
Commercial Umbrella Declarations Form Filing